

**ACOM POLICY 415, ATTACHMENT GA,  
DDD THERAPEUTIC SERVICES NETWORK GAP REPORTING ROSTER**

**CONTRACTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(1) THERAPY	(2) GSA CODE	(3) COUNTY CODE	(4) NUMBER MEMBERS	(5) NUMBER NEW/ 30 DAYS	(6) NUMBER CONTINUING/ 14 DAYS

**INSTRUCTIONS FOR ATTACHMENT GA:**

1. The therapeutic service offered. If there are no unfilled appointments for any therapy services, put 'None' in the table. Services to be reported are Physical Therapy, Occupational Therapy, Speech Therapy and Respiratory Therapy. Insert any additional rows as needed.
2. Geographic Service Area Code.
3. County Code.
4. Number of members in the network gap for the therapy, GSA, and County being reported.
5. Number of newly enrolled members with unfilled therapy appointments for more than 30 calendar days from the determination of medical necessity.
6. Number of currently enrolled members with unfilled therapy appointments for more than 14 calendar days from the determination of medical necessity.